

## CLAIMS ONLY

5-10-05

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2			1			
3			1			
4						
5						
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7						
8						
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11			1			
12						
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36						
37			1			
38						
39						
40						
41			1			
42						
43						
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45						
46						
47						
48						
49						
50						
Total Indep			44			
Total Depend			44			
Total Claims			50			

	Indep	Depend	Indep	Depend	Indep	Depend
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98						
99						
100						
Total Indep					0	
Total Depend					17	
Total Claims			50		17	